

extending from June 26 to August 5 in the nature of summer school at this seaside laboratory. Two other marine laboratories in Southern California will be open throughout the summer, that of the University of Southern California at Venice and that of Pomona College at Laguna Beach. At Pacific Grove the Stanford Marine Laboratory will be open for a summer session of six weeks beginning May 22.

Southern California is of especial interest because of the natural features of geology, zoology, botany, and of the archaeology of the Southwest, which are peculiar to the region. Many of these are readily accessible from San Diego, and excursions to them will form a prominent part of the San Diego meeting of the Pacific Division of the American Association for the Advancement of Science in August.

A PLEA FOR CERTAIN MEDICAL OFFICERS OF THE U. S. ARMY.

The Act of Congress approved April 23, 1908, provides for a Medical Reserve Corps of the United States Army, and for the purpose of securing a reserve corps of medical officers available for military service, the President of the United States is authorized to issue commissions as First Lieutenants therein to such graduates of reputable schools of medicine, citizens of the United States, as shall from time to time, upon examination to be prescribed by the Secretary of War, be found physically, mentally, and morally qualified to hold such commissions, the persons so commissioned to constitute and be known as the Medical Reserve Corps.

The commissions so given bear certain exceptions to the holders thereof, as compared to the rights and privileges conferred upon First Lieutenants of the medical corps, and First Lieutenants of the other branches of the service, namely:

1. No promotion.
2. To rank next below all other First Lieutenants in the U. S. Army.
3. The President is authorized to honorably discharge from the Medical Reserve Corps any officer thereof whose services are no longer required.
4. Not entitled to retirement or retirement pay.

Congress has by the Act approved March 3, 1911, granted to the Dental Surgeon, the right of retirement on account of age or disability, as in the case of other officers.

The functions of the medical corps and the medical reserve corps are one and the same, the many varied and complex duties the officers in each corps are required to perform are alike. In spite of the status of the officer in the medical reserve corps, he is a man who has the same spirit and pride to uphold the honor and dignity of the profession, to render to his country, service of a high standard of excellence, and to maintain social consideration, dedicating himself soul and body, with zeal and industry to the performance of his duties, with the faithfulness of his colleagues in the medical corps.

The very terms of the law under which the medical department of the Army was reorganized in 1908, does the greatest injustice to the officers of the medical reserve corps; they are the only commissioned officers in the Army denied the privilege of retirement. The law relative to the dental surgeon is a good one, a step in advance, he does not get more than he deserves, but comparing service, it is believed a long stride should have been made by Congress, with the same effort, and equal provision made for the officer in the medical reserve corps, as he surely is entitled to and should receive the same privileges of retirement for disability or age as the dental surgeon and other officers of the Army.

The duties of the M. R. C. officer and the char-

acter of service are well explained in an article published lately in the Journal of the American Medical Association, entitled "What the Civilian Doctor Called to Active Service With the Army Should Know." He should know all that is set forth in the article, and he should know also what the Government proposes to do (or not do) for him in return for his services.

If the reorganization of the medical department of the Army does not include legislation changing the status of the officer in the medical reserve corps, he should know that under the present law, that when the "Civilian" Doctor is called into active service if he is wounded in battle or incapacitated by disease and rendered physically unfit for further service and unable to resume his practice to earn a living in civil life, the unfortunate result is that he is relieved from the service of the United States, which he so patriotically accepted, and sent to his home (if he has one) with the only hope of a meager pension if he can get it.

The commission that the officer in the M. R. C. holds is practically a contract, there is very little difference in the status of that officer and a contract surgeon, the latter has the same rank, First Lieutenant, same privileges of quarters, fuel, light, transportation of personal and household effects, etc. No advancement, promotion or retirement for either, and their services can be terminated at any time when no longer desired.

The commission such as given the medical reserve corps officer, does not make him a part of the U. S. Army, or of the regular medical corps, no more than it would the Contract Surgeon, neither is regarded as belonging to the medical corps; they are both only WITH the Army, and not a PART of it.

It is believed that the officers of the medical reserve corps when upon the Active List, should be accorded the same rights and privileges as is now authorized by law for the Dental Surgeons, Chaplains, Veterinarians and Pay Clerks in the Army. Officers on the inactive list of the M. R. C. should use their best efforts to secure the enactment of such legislation commensurate with the dignity of their profession, and that will place them on an equal footing with the other officers of the Army.

PRINCIPAL CAUSES OF DEATH.

Census Bureau's Summary of the Statistics for the Registration Area in 1914.

Washington, D. C., January 16, 1916.

According to a preliminary announcement with reference to mortality in 1914, issued by Director Sam. L. Rogers, of the Bureau of the Census, Department of Commerce, and compiled by Mr. Richard C. Lappin, chief statistician for vital statistics, more than 30 per cent. of the 898,059 deaths reported for that year in the "registration area," which contained about two-thirds of the population of the entire United States, were due to three causes—heart diseases, tuberculosis, and pneumonia—and more than 60 per cent. to eleven causes—the three just named, together with Bright's disease and nephritis, cancer, diarrhea and enteritis, apoplexy, arterial diseases, diphtheria, diabetes, and typhoid fever.

The deaths from heart diseases (organic diseases of the heart and endocarditis) in the registration area in 1914 numbered 99,534, or 150.8 per 100,000 population. The death or mortality rate from this cause shows a marked increase as compared with 1900, when it was only 123.1 per 100,000.

Tuberculosis in its various forms claimed 96,903 victims in 1914, of which number 84,366 died from